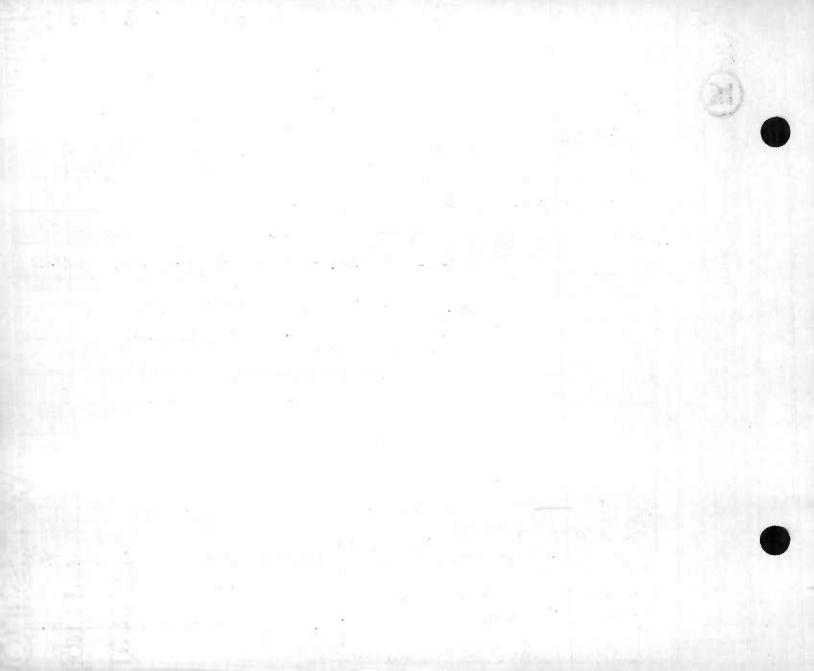
3	1.	FOR STATE REGISTRAR	187			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE O REG. N	0 !	5 5 9	0	
ν e=		CEASED NAME	rest Reuber	-97	ohn		achamp				5:30A.	
	3. SE			RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	reb.	19 1981 IF UNDER 1 YEAR	# UNDER 24 HRS	
		Male		White July The CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE SUREE ADDRESS)		Jun	e 14, 1890	89 YRS.			HOURS MIN	
meral a		RTHPLACE STATE OF STA	XXX			MARRIEI WIDOWE	NEVER MARRIED DWORCED	BALTIMORE CITY OR COUNTY OF DEATH Worcester MD.				
by the fulled with	I	POcomoke				DONESS)	comoke	12R USUAL OCCUPATION 12h KIND OF B (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRODUCE				
filled in ould be	13a :	AL RESIDENCE (# NUR STATE rginia	HIS COUNT ACCOR	Y	GIVE RESIDENCE BEFORE 13: CITY OR TOW Parks Lei	N	13d. INSIDE CITY LIMITS? YES NO 🔯	13R STREET ADDRESS				
impletely and 2 sh examiner	14. F/	John	wê	eliam	Beauc	hamp	15. MOTHER'S MAIDEN NAV FIRST Sallie	WE	(Gravenor	1	
n and co	16a \	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARM (# YES, GIVE V		231-46-3		Mrs. Edith C	ADDRESS		el, Mary	l, Maryaand	
physicia anpapers emaval.		PART I. DEATH W	H (Enter only	one couse per	line for (o), (b), one Pneumor	4				APPROXIMA BETWEEN ON	ATE INTERVAL	
by the attending isoser cervices to be the attending is compared to the transfer of the transfer to the transfer of the transf		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. Anteriosclerosis, generalized, cerebre: Conditions Constitution Con										
signe hen p a bur jury,	Z	Chronic		T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116. RIN SYNDROME for years & toxicity from 1 & 2 shove.								
on. bos been permit. T ene prior sws ony in	CERTIFICATION	1% DATE OF OPERA					N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDING	SS USED	
ng physicia certificate irrial-transit ental Hygi		21a. ACCIDENT WAS UNIT OR CONTRIBUTING []	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED LENTER HATURE OF HIJUI	RY IN ITEM 18, PA	RT 1 OR PART 2)		
of or attending R. After this ce use as the burn Health and Meris marked or the	MEDICAL	21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK	HILE [21R PLACE (OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
		22a. I certify that (I)				ada	19 70	to Hoh	22 1		ot (I) (we) lost	
the hospit at DIRECTO etached for ite Dept of T: If them 21		sow the deceased alive on above. (I) (we) (did) (did) oot) view the body ofter death. 278. STENATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN								22c. DATE SI		
etoined by TO FUNER, should be d with the Sto		226 PHYSICIAN'S M	AME (TYPE OR!		n 11/1		22R ADDRESS	St., Poc			21851	
5 5 4 3 3 T	23a. (BURIAL, CREMATION,		23h DATE			EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN		COUNTY	STATE	
DHMH-16 20M (VRA 15, 4) 7/78		UNERAL DIRECTOR	1.	2/24/8 Wills	ADDRESS	PARK	Coy Com. 25 WAY	parh 1 EREC'D. BY REGISTRAR		ccomack RAR'S SIGNATUR	Va	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGNE

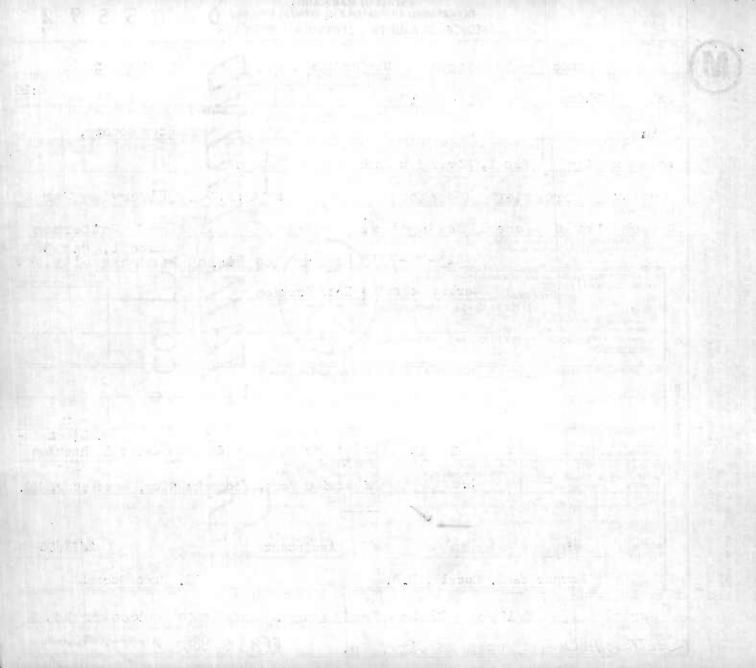
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,

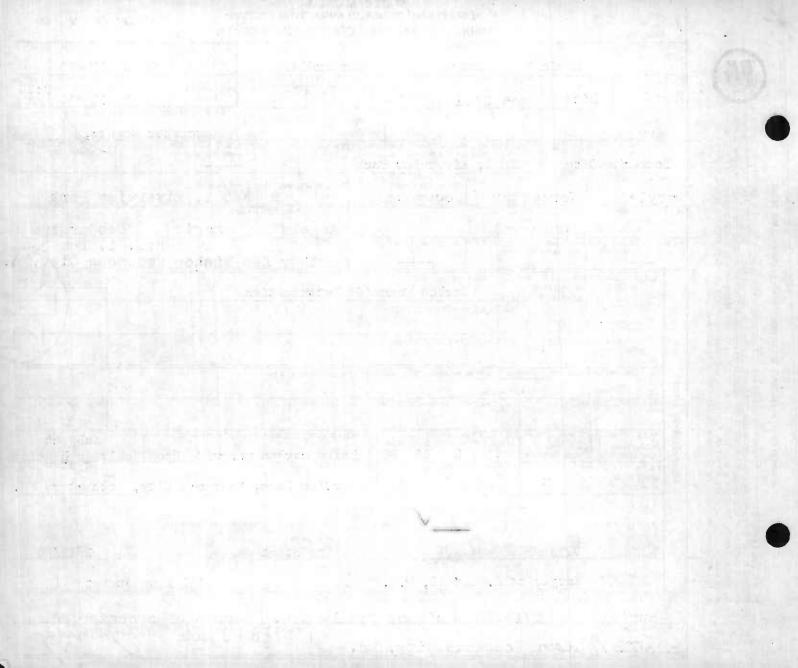
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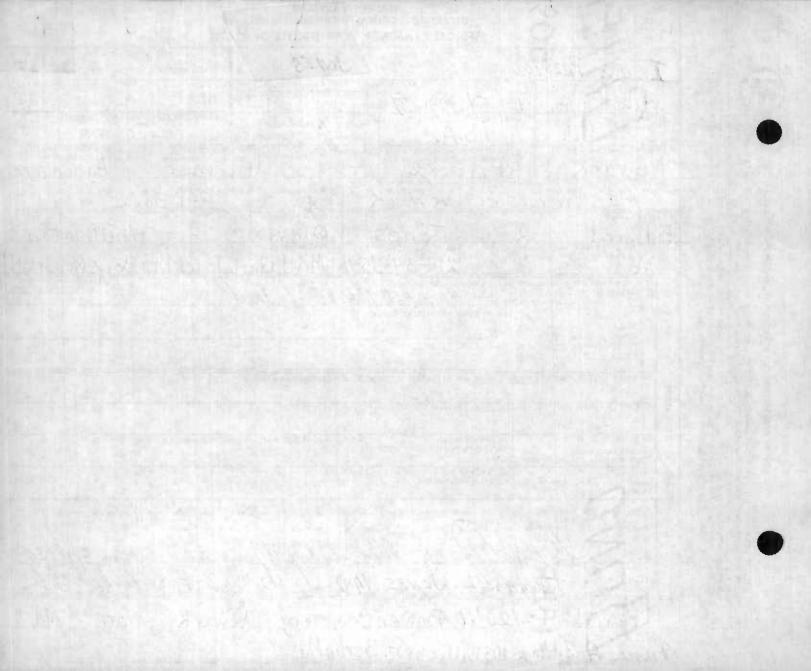
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STATE OF MARYLAND



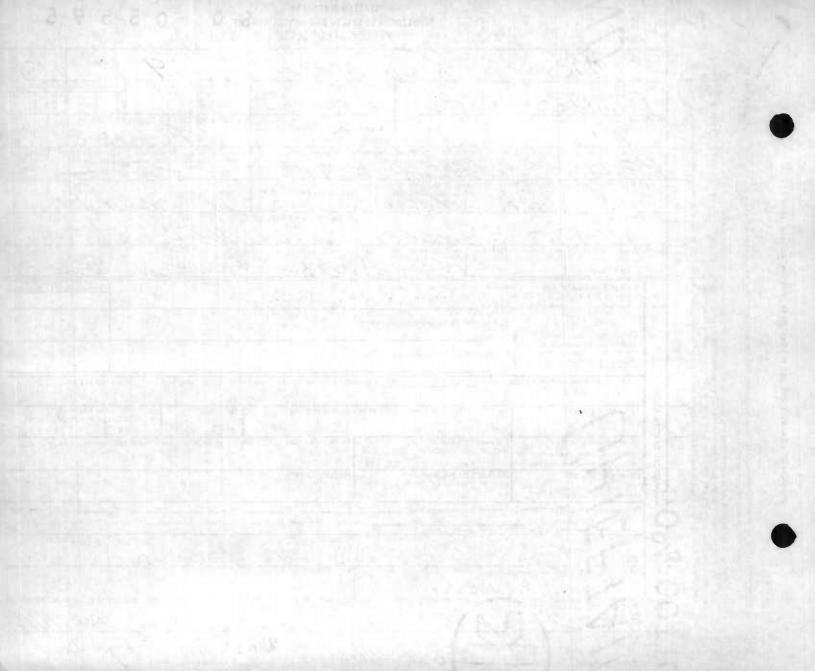


		•		STATE OF MARYLA	1			
	1-	FOR STATE		MENT OF HEALTH AND MEXAMINER'S CERTIFIE	Dia d	0	5 5) 4
26		REGISTRAR REASED NAME FIRST PRINT) PREST	MIDDLE	JON E	E @ 20.	REG. NO.	2 16 1	YEAR 126 HOUR 1980 245 M
	3. SEX	Male Cauci	DATE OF BIRTH MONTH 5 1903	6. AGE (IN YEARS IF UNDER 1 YR. LAST BIRTHDAY) MONTHS DAYS	HOURS MIN PRO	DATE ONOUNÇED DEAD	2 16	1980 3 15 M
35	FOI	RTHPLACE (STATE OR LEIGH COUNTRY)	76. CITYEN OF WHAT COUNTY OF SHAPE OF HOSPITAL NILE	MARRIED N WIDOWED SING HOME, OR OTHER INSTITU	DIVORCED	BALTIMORE CITY OR LODEC OCCUPATION (TYPE O	ESTER	MD.
0	1	VEWAYK	RHI BOX	2 .	Far	Mer	Agr	iculture
35	13q S	THER'S NAME	ester Ne	wark YESX	NO HER'S MAIDEN NAME	-	2	
236		AS DECEASED EVER IN U.S. ARM		ones O	levia	ADDRESS V	Vhittin	igton
Division	(11	NO IE. CAUSE OF DEATH (Enter proje	pne cause per line for jet/(b)	-34-3546 M	rs HildaH.J	Jones Rt.1,	AME	Vewark Md
TI TI		955 MAREDIATE	BY. CAUSE (a) DUE TO, DR AS A CON	SEQUENCE OF	of such		BECH	ELF CHILL MAD DESCO.
OR REMOV		Condition. If any, which gave rise to immediate cause (a) stating the under- lying cause last.	DUE TO, OR AS A CON	SEQUENCE OF				
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS <u>C</u>	ONTRIBUTING TO DEATH BUT NOT BELA	TEO TO THE TERMINAL DISEASE OR CONDITI	TON GIVEN IN PART 1 (a).			
2	MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION WAS PERFO	DRMED?			UTOPSY?
3	CAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH EATH P.M.	DAY YEAR	RY OCCURRED (ENTER NAT	URE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY STREET, FACTORY, FARM, ET		c	CITY OR TOWN	COUNTY	STATE
		22a. I certify that I taak charge death resulted fram: NATY	of the remains described aba		Inspection	Inquiry X, and	in my apinion	
BALTIMORE, MARYLAND		ACTUAL SIGNATURE	WY July	Me Title	Digitly MEDICA	AL EXAMINE	DATE 2	118/80
2	_	EXAMINER'S NAME THO	MAS L JO	NES , M.D.DDRESS	1/2 Peur	est, hi	ew feet	nd.
20	(\$	Buria 23 Buria 23 JNERAL DIRECTOR	2/20/80 B	owen Cemet	THE PATE DEC TO BY DE	Var K EGISTRAR 25b. REGIS	WOY, TRAR'S SIGNATU	Md
5}}	A	nna A. Bush	ye 108Willia	msSt. BerlinM	d, +EB 2 2	1980 pi	ofry Ma	Creody



The last	1-	FOR STATE CERTIFICATE OF DEATH REGISTRAR TERMINOLULI TO THE ALTH AND MENTAL HYGINE U U D D D D D D D D D D D D D D D D D	
1: 36		EASED NAME FIRST S, MIDDLE RAST LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 2 - 28 - 80 149	
ge 4 moy	3. SE.	FINALE WHITE S. DATE OF BIRTH MONTH PARY WEAR OF GIN YEARS LAST BIRTHDAY IF UNDER 14 HOURS MIN YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR	-
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LAND 2120 hin 24 hour should be it should be it	USU, 130. S	L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO STREET ADDRESS PLEND SALL P.	
E, MARYLA cuted within completely s I and 2 sh	14 FA	THER'S NAME 15. MOTHER'S MAIDEN NAME FIRST DOLLY HANGOCK 1AST	
MOR n and Poge	16a V	AS DÉCÉASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITÝ NO. 17 INFORMANT ADDRESS S, NO ORUNKNOWNI (IF YES, GIVE WAR OR DATES) 215-12-6161 GFORGE PICHARDSAN BERLINME	2
W. PRESTON ST., not the death certificate by the attending physe remove carbonp, cremation, or remother troumotic even		18 CAUSE OF DEATH (Enter only one cause per line loc (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MACHINE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH	
	NO.	PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101	
VITAL RECOF W. The low re injustion. Injustion been ronsi permit. Hygiene prior 8 shows ony i	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO	
7 2 2 2 2 2 C		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART LOR PART 2) OR CONTRIBUTING CAUSE OF DEATH OWN A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
DIVISION C or otending at other and After the burion of the ond Ment marked or the	MEDICAL	216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN COUNTY STATE	
TTENDII pital or TOR: A for use of Heoli		27a. I certify that (I) (this baspital) attended the deceased from	ist
£ 0. =		PEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	
TO HOSPITAL efonded by the TO FuneRall by the MMPORTANT.	9	THE PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 220 ADDRESS	
	0	JEIGH 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF COUNTY PARTY OF COUNTY P	
DHMH-16 60M 1/73 (VR A 15 (4))	24 FL	NERAL DIRECTOR JAME RICH F. H. BEKLIN, MD. 250 DATE RECID BY REGISTRAR 256. BEDISTRAR'S SIGNATURE MARY 1 0 1980 100 DECEMBER 1 0 1980	

STATE OF MARYLAND



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a t			FOR		DEPA	RTMENT OF H	EALTH AND MENTAL	HYGINE ()	0	5 5	9 1	5
X			STATE REGISTRAR		MEDIC	AL EXAMINE	R'S CERTIFICATE	OF DEATH	REG. NO.			
			EASED NAME	FIRST	MIDD	E	LAST	2a. DATE	KNOWN F	MONTH D		2b. HOUR
	m ~	(TYP	OR PRINT)	DIITT TO		0	Company TD	Ur Ur	MATED	2- 1	18,, 80	
	PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX	I4. RAC	PHILTP E 5. D	ATE OF BIRTH	6. AGE (IN YEAR	SELBY IR	ER 24 HRS. 2c. DATE			AY YEAR	20 90 13
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=	ANY DE AND 3 T RETAIN IOULD B	13g S	ATE	136 COUNTY	ER INSTITUTION, GIVE RESID	GITY OR TOWN ,	13d. INSIDE CUTY LIMITS?	13e STREET ADDRI	551	1,		
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0.0	H. N. A.	14. FA	THER'S NAME	MIC	DIE	, J LAST	15. MOTHER'S MAI	DENNAME	AIDDLE		LAST	
BALTIMORE, MD.			Phillip	C	Sei	by Sr	Gol	die		Tr	4111	
Ö	~ ~ ~ ~	16a. V	AS DECEASED EVER	IN U.S. ARMED	FORCES? 16b.	SOCIAL SECURITY	NO. IT. INFORMANT	- 11	ADDRESS	, ,	11	
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DIVISION OF VITAL RECORDS,	DULD BE EXECUTIVE IN THE MEDICAL ESED AS A BURLE HEALTH AND CREMATION, O	z	TAKE Z OTHER SIONSFICAN	TI CONDITIONS CONTR	IBOTINO TO CENTR BUT NO	KELAIED TO THE TERMIN	AL DISEASE ON CONDITION GIVEN IN	PARI I (Q).				
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9	CATE WE WILD B	2	UNDERLYING			TH DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF IN	JURY IN HEM 18 PAK	I TORPARI 2)		
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IVIS	ARDED ARDED GE 3 S	A G	21d. INJURY OCCUR WHILE DOT	WHILE	21e. PLACE OF INJ STREET, EACTORY, FA		21f LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
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	MINER TIFICATI BE FOI ECTOR: TH THE LAND, 2		death resulted from		V		de . Hamicide	. Undetermined m	onner .			
	EX AM CERTIF ULD B DIREC WITH ARYLA	. 7	Å	1	MILL	,	TITLE (SPECIFY)					
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		ST	ATE OF MARYLAND		0000
10	STATE		F HEALTH AND MENTA		05597
	REGISTRAR		INER'S CERTIFICATE	RE	EG. NO.
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	ISABE		PURNEIL	DEATH MATE	ED 1 7 28 1980 44 N
3. SE	X 4 RACE	5 DATE OF BIRTH MONTH DAY YEAR LAST BIRT		DER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
F	EMALE BLACK	4 19 1883 96	YRS. HOURS	MIN. PRONOUNCED DEAD	2 28 1.80 75
Jd B	SIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MA	9. BALTIMORE	CITY OR COUNTY OF DEATH
A	OREIGN COUNTRY)	11.5A		ORCED WOR	restee
D. C	ITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSING HO		120. USUAL OCCUPATIO	IN_CTYPE OF WORK 12b. KIND OF BUSINESS
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ISU.	AL RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM		Talleell	rife domestic
	STATE Md 136 COUNT	TY I3c. CITY OR TOWN			Q 01/15-17
1 6		cester Berl	YES NO		DOX 65 1
1. 1	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MA	AIDEN NAME MIDDLE	LAST
	VVILLIAM	HENRY DELL	Y JADI	thA -	
160.	WAS DECEASED EVER IN U.S. ARA YES, NO. OR UNKNOWN) (IF YES, GIVE Y	WED FORCES? 16b. SOCIAL SECUI	RITY NO. 17. INFORMANT	ADI	DRESS Rt.3, 80x680
	NO		VELDY V	V. YURNEII	BERLIN, MO
	18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	ly one cause per line for (a) (b) applicant	n	Only other	APPROXIMATE INTÉRVAL BETWEEN CHOSET AND DEATH
		TE CAUSE (a)	WHO CHILLY I	LEYELLEN .	
	410-	DUE TO, OR AS A CONSEQUENCE	10 1	1 0	11.
	Conditions, if any, which	1 Ollins	Wroten (Gold	Mariachille 1	LWEY U
	gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	E OF	BOT SEATON IN	Control of the Contro
	lying couse last.				
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CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED?		2D. AUTOPSY?
FIC					
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10	UNDERLYING OR	HOUR A.M. MONTH DAY YE	EAR THE HOW INJURY OCCU	RRED LENTER NATURE OF INJURY IN	HEM IS PART LOR PART 2)
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	WHILE AT WORK				
	22g certify that I took chara	e of the remains described above, held ar	Autopsy , Inspec	ction . Inquiry .	and in my apinian
				7	ана ін ту аріпіан
	death resulted fram: Natur	al coloses . Acadent .	Suicide Hamicide	Undetermined manner	L.
	ACTUAL	Monday Story	TITLE SPECIFY	att.	DATE Slagles
	SIGNATURE	menery frances	M.D. Auge	MEDICAL EXAMINER	SIGNED.
	EXAMINER'S NAME TILA	MAS L JONES . M.D.	/110	De MAL N	1400 HILL MI
	(TYPE OR PRINT) / HO!		ADDRESS	- LEWINK IX	new year, mee
73a.E	BURIAL, CREMATION, REMOVAL 2.	2 2 000	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
			IntenMethodist	QUEDONCO	Workester MM
74. F			100 01		
1	FUNERAL DIRECTOR	ADDRESS Rt. #2, LISC	Y ROAD 130. DA		RECOTRAR'S SIGNATURE
10	NAME VIEY NEMICIAL Chap	address Kt. #2, LISC OEL SALISBUR	YNONO	AR 1 1 1980	RECOTRAR'S SIGNATURE

